

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Novo Nordisk PAC

ADDRESS (number and street)

500 New Jersey Avenue NW

Suite 350

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424838

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2010

through

02

28

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Mawby

Signature of Treasurer

Electronically Filed by Michael Mawby

Date

03

12

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 15

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																
6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		<table><tr><td>1</td><td>2</td><td>3</td><td>3</td><td>5</td><td>.</td><td>0</td><td>1</td></tr></table>	1	2	3	3	5	.	0	1
Y	Y	Y	Y															
2	0	1	0															
1	2	3	3	5	.	0	1											
(b) Cash on Hand at Beginning of Reporting Period .....	<table><tr><td>1</td><td>9</td><td>5</td><td>4</td><td>8</td><td>.</td><td>6</td><td>1</td></tr></table>	1	9	5	4	8	.	6	1									
1	9	5	4	8	.	6	1											
(c) Total Receipts (from Line 19) .....	<table><tr><td>6</td><td>9</td><td>7</td><td>6</td><td>.</td><td>0</td><td>0</td></tr></table>	6	9	7	6	.	0	0	<table><tr><td>1</td><td>4</td><td>2</td><td>2</td><td>.</td><td>0</td><td>0</td></tr></table>	1	4	2	2	.	0	0		
6	9	7	6	.	0	0												
1	4	2	2	.	0	0												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table><tr><td>2</td><td>6</td><td>5</td><td>2</td><td>4</td><td>.</td><td>6</td><td>1</td></tr></table>	2	6	5	2	4	.	6	1	<table><tr><td>2</td><td>6</td><td>5</td><td>5</td><td>.</td><td>0</td><td>1</td></tr></table>	2	6	5	5	.	0	1	
2	6	5	2	4	.	6	1											
2	6	5	5	.	0	1												
7. Total Disbursements (from Line 31) .....	<table><tr><td>3</td><td>2</td><td>.</td><td>0</td><td>5</td></tr></table>	3	2	.	0	5	<table><tr><td>6</td><td>4</td><td>.</td><td>4</td><td>5</td></tr></table>	6	4	.	4	5						
3	2	.	0	5														
6	4	.	4	5														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>2</td><td>6</td><td>4</td><td>9</td><td>2</td><td>.</td><td>5</td><td>6</td></tr></table>	2	6	4	9	2	.	5	6	<table><tr><td>2</td><td>6</td><td>4</td><td>9</td><td>2</td><td>.</td><td>5</td><td>6</td></tr></table>	2	6	4	9	2	.	5	6
2	6	4	9	2	.	5	6											
2	6	4	9	2	.	5	6											
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0													
0	.	0	0															
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0													
0	.	0	0															

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 15

Write or Type Committee Name

Novo Nordisk PAC

Report Covering the Period:

From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1415.00	1665.00
(ii) Unitemized .....	5561.00	12557.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6976.00	14222.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6976.00	14222.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6976.00	14222.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6976.00	14222.00

## DETAILED SUMMARY PAGE

of Disbursements

5 / 15

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	32.05	64.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	32.05	64.45	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32.05	64.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32.05	64.45	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 15

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6976.00	14222.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6976.00	14222.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.05	64.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.05	64.45

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Lynn M. Baer

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - North Ameri

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-7-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Francis X. Brown

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Business Process Cha

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-21-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Jane R. Conlon-Werner

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Quality Assurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-32-10-30

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 / 15

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Neal C. Fitzpatrick

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Biopharmaceutics

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-44-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen S. Flynn

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Strategic Account Executive II

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-46-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey A. Frazier

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-51-10-30

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Joanne M. Golankiewicz

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Marketing Effectiven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-59-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Edward F. Hanover

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Corporate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-65-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Kristin L. Hanson

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Medical Scientific Director - M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-66-10-30

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Tanya L. Hill

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Brand Director - NovoSeven

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-70-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Frank J. Jacobs

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Diabetes Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-78-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph F. Kelly

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-83-10-30

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Mawby

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Vice President - Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Transaction ID: 20100312-92-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff S. Maxwell

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Regional Business Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Transaction ID: 20100312-93-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen B. McGill

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Associate Director - Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Transaction ID: 20100312-96-10-30

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Bridget M. Molloy

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Account Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-101-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Alan C. Moses

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Global Chief Medical

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-103-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher M. Porter

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Director - Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-114-10-30

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Robert J. Powers

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Growth Hormone Therapy Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-116-10-30

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

Linda S. Reyle

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Manager - Customer Channel Mark

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-120-10-30

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

C. Reed Scott

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Government Account Executive II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	1	0

Transaction ID: 20100312-124-10-30

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

165.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Legal/Government & Qu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 20100216-127-11-9

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

James Shehan

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Legal/Government & Qu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-127-10-30

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Bartholomew J. Tortella

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Senior Director - Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 1 0

Transaction ID: 20100312-135-10-30

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

205.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)

Edward L. Williams

Mailing Address 100 College Rd. W

City

Princeton

State

NJ

Zip Code

08540-6658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Novo Nordisk

Occupation

Vice President - Biopharmaceuticals

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Transaction ID: 20100312-142-10-30

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

55.00

TOTAL This Period (last page this line number only) .....

1415.00